Custom Design Benefits Employee Authorization for Direct Deposit

## Please check one of the boxes below (allow 1-2 pay periods for processing):

	Please deposit my reimbursements into the bank account listed below			
CHANGE	I would like to change the account where my current direct deposit reimbursement is sent			
	I would like to stop sending funds directly to my account and have future funds by check mailed to me at the address on file.			
Employer Name:				
Employee Name:	Employee SSN or #:			
Financial Institution:				
Branch:	City:	State:	Zip:	
Bank Routing Number (9	digits):			
Checking Account or Savings Account				
this form. It is acknowledge This authorization is to rema	reversal entries only for the correction d that the origination of ACH transaction ain in full force and effect until Custor stom Design Benefits, Inc. and the fin	ons to my account must comp n Design Benefits, Inc. has rec	ply with the provisions of United S eived written notice of its termina	itates law.
Authorized Signature:			Date:	
ATTACH A VOIDED CHECK FROM THE ACCOUNT HERE				
A voided check should be attached so there is no question as to the bank and account where funds are to be debited or credited.				

For assistance, call 800.598.2929 or (for local Cincinnati area) 513.598.2929